



Epidemiological Alert

Seasonal influenza circulation 2015-2016

9 February 2016

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends that Member States adopt necessary measures for ensuring appropriate clinical management, strict compliance with infection prevention control measures in health care services, and adequate supplies of antivirals. PAHO/WHO also urges Member States to continue conducting seasonal influenza vaccination to prevent serious influenza cases as well as deaths from influenza.

Epidemiological context

In **the Caribbean**, in 2015, most of the Member States observed low levels of influenza and other respiratory viruses. However, Barbados reported an increase in the circulation of influenza A(H1N1)pdm09 in late 2015 and Cuba detected registered high activity of Severe Acute Respiratory Infection (SARI) associated with influenza A(H1N1)pdm09 between epidemiological week (EW) 26 and 40 of 2015. In addition, Puerto Rico recorded high influenza activity with a growing trend of influenza-like illness (ILI) from EW 51 of 2015 to EW 3 of 2016. In Dominica and Saint Lucia, Acute Respiratory Infection (ARI) circulation remains high with an upward trend.

In **Central America**, El Salvador recorded increased circulation of influenza A(H3N2) in late 2015 and in the same period Nicaragua observed increased circulation of influenza A(H1N1)pdm09. In Panama, the influenza A(H1N1)pdm09 circulation increased between EW 1 and 3 of 2016.

In Costa Rica, influenza circulation increased starting in EW 43 of 2015 and decreased in EW 52. The predominant circulating virus was influenza A(H1N1)pdm09, followed by influenza A(H3N2) and the highest number of influenza cases was reported between EW 49 and 52. In addition, in recent weeks an increase in SARI cases admitted into intensive care units (ICU) has been noted; however, starting in EW 52 a downward trend was recorded.

In **North America**, circulation of influenza and other respiratory viruses remains low, although in recent weeks an increasing trend of influenza cases has been recorded in Canada, Mexico, and the United States of America. In response to this increase, on 1 February 2016, the United States Centers for Disease Control and Prevention (CDC) issued an alert through its Health Alert Network (HAN) about the detection of severe cases of influenza infection in the United States.

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More detailed information on the situation of influenza and other respiratory viruses can be obtained from the PAHO/WHO weekly Regional Update on Influenza published and available at: <http://www.paho.org/influenzareports>.

Recommendations

In light of the beginning of the season with the largest circulation of influenza in the northern hemisphere, PAHO/WHO reiterates its recommendations to Member States relating to surveillance, the clinical management of patients, the implementation of infection prevention control measures in health care services and communication with the public about preventive measures.

Surveillance

PAHO/WHO recommends the continued strengthening of ARI and ILI surveillance systems and prioritizing SARI surveillance to monitor the epidemiological behavior and viral circulation, trends, clinical severity and most affected risk groups.

To accompany indicator-based surveillance, PAHO/WHO recommends Member States implement event-based surveillance. Event-based surveillance is the organized and rapid capture of information about events that may pose a potential risk to public health. This information may come from rumors and other *ad-hoc* reports transmitted through formal channels (pre-established routine information systems) or informal channels (i.e., media, direct communication from health care workers, or non-governmental organizations). Event-based surveillance is a functional component of the early warning and response mechanism.¹

Respiratory events that are unusual should be investigated immediately. Unusual events include: influenza cases with atypical clinical progression; ARI associated with animal disease or in travelers to areas at risk of novel influenza virus emergence; SARI among health care professionals; or clusters of influenza outside the normal circulation season.

As part of routine surveillance, nasopharyngeal specimens should be obtained for the diagnosis of respiratory viruses, always prioritizing the laboratory analysis of the most serious cases, especially of deaths.

Influenza-positive specimens from severe cases or from those with unusual presentations must be sent to the PAHO/WHO Collaborating Center, the U.S. CDC in Atlanta for further characterization. Un-subtypeable samples of influenza A must also be sent immediately to the PAHO/WHO Collaborating Center.

Clinical management

Recommendations in clinical management indicated in previous PAHO/WHO Epidemiological Alerts² on Influenza continue to apply.

¹ World Health Organization. Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance. Interim Version. WHO/HSE/GCR/LYO/2014.4. Geneva: WHO: 2014. Available at: http://www.who.int/ihr/publications/WHO_HSE_GCR_LYO_2014.4/en/

² PAHO/WHO Influenza Epidemiological Alerts are available at: www.paho.org/epialerts

Groups at higher risk of complications related to influenza infection include children less than two years old, adults over 65, pregnant women, and people with underlying medical conditions. In these cases, the administration of antiviral treatment (oseltamivir) at the start of symptoms should be considered. Treatment should be initiated even before having laboratory confirmation of influenza infection, since the treatment is more successful if started early.

For more details see the paper, "Considerations and interim recommendations for the clinical management of human infections with the pandemic influenza (H1N1)pdm 09. PAHO/WHO expert consultation." Available at:

http://www1.paho.org/hq/dmdocuments/2009/informe_consulta%20expertos_clinica_ENG.pdf

Communication

Seasonal influenza is an acute viral infection that spreads easily from person to person. Seasonal influenza viruses circulate worldwide and can affect anyone from any age group. Influenza A (H1N1)pdm09, which caused the 2009 pandemic, now circulates annually and is now considered a seasonal influenza strain. Influenza vaccination prior to the start of the seasonal virus circulation remains the best preventive measure against severe influenza.

The public should be informed that the main mode of transmission of influenza is by interpersonal contact. Hand washing is the most efficient way to decrease transmission. Knowledge about "respiratory etiquette" also helps prevent transmission.

People with fever should avoid going to work places or public places until the fever subsides. Similarly, school-age children with respiratory symptoms and / or fever should stay home and not go to school.

Vaccination

PAHO/WHO recommends pregnant women have the highest priority in receiving influenza vaccines due to their vulnerability to complications from the disease. Other risk groups that should be given priority for vaccination are the elderly, children 6 to 59 months of age, people with specific chronic medical conditions, and health care workers. Vaccination against influenza is not considered to be a strategy for control of outbreaks, but rather a preventive measure to avoid complications related to influenza.

Related Links

- Influenza update. World Health Organization. Available at: http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html
- Influenza Reports. Pan American Health Organization / World Health Organization. Available at: <http://www.paho.org/influenzareports>